

I offer this testimony in support of HB 6616 as a Catholic priest serving in the Hartford parish of St Patrick-St. Anthony, the Executive Director of the Franciscan Center for Urban Ministry, and as a proud member of the Greater Hartford Interfaith Action Alliance.

I preached on HB6616 in my congregation this past week, urging people to offer their testimony of support of this important legislation that is one of GHIAA's five priorities for this session. This YouTube video encapsulates my testimony. <https://www.youtube.com/watch?v=kQMheHOTZOY>

Our Scriptures capture the essence of how we, as a Church and a society, are to treat immigrants regardless of immigration status in Leviticus 19:33-34

"When a foreigner resides among you in your land, do not mistreat them. The foreigner residing among you must be treated as your native-born. Love them as yourself, for you were foreigners in Egypt. I am the LORD your God."

The Gospels later recount how Jesus, Joseph and Mary were also strangers in a strange land, refugees in Egypt fleeing for their lives from King Herod's genocide.

This mandate to take care of the stranger in the strange land has been incorporated into Catholic Social Teaching. It is part of Jesus' called to build a "Beloved Community" where no one is marginalized, no one is left out and their needs are unmet. Pope Francis has stressed this message through his papacy as a priority for us as people of faith.

In Catholic Social Teaching, the first principle is people have the right to migrate to sustain their lives and the lives of their families. Immigration policy that allows people to live here and contributes to society for years but refuses to offer them the opportunity to achieve legal status does not serve the common good. The presence of millions of people living without easy access to basic human rights and necessities is a great injustice. Undocumented people in CT pay \$145,000,000 a year in state taxes and 2 1/2 times that in federal, but because our government's unwillingness to address constructively the issues, despite the bishops demanding they do so for years. This principle remains unmet.

We in Connecticut do not have controls over the border, nor our immigration policy. What we have control over is whether we provide health care for *all* young people in our state. When Husky was enacted one reason was to provide health care for our children and young people was, it is critical to their long-term health and ability to be productive members of our society and acknowledging that because of economic circumstances some families did not the financial ability to do this. Two years ago we expanded that to include pregnant women and children 12 and under. This bill is a logical extension of the original purpose behind Husky, to include the roughly 4,000 young people who remain uncovered. This additional coverage would cost approximately \$3,750. per youth.

Some of these young people are undocumented, but others are not. Even for immigrants that come through the usual channels, Husky does not provide coverage until they have resided here for five years. Nor does it provide coverage for those who have applied for asylum, those who arrived because their lives were in danger. As an attorney who has worked in immigration law, our asylum process is long, a fact worsened by the pandemic. The reality is regardless of why they are here, they are vulnerable young people and they are "ours." From the perspective

of Catholic Social teaching. The other factor is in this iteration of Husky expansion. We are talking only about youth and young adults 12-26. This is not a large number of young people, but they are “our” children and they face many challenges.

In my prior position for 18 years, I pastored in a community that was 75% immigrant and their children, many of them undocumented. I also worked on a retreat program for high school students and worked with a young adult group that was mostly undocumented. This made aware of the many challenges this group of youth share. I spoke recently with a colleague who works as a counselor in a high school that covers my previous parish. She talked about seeing the following common difficulties among immigrant youth.

1. Stress associated with uncertainty about their legal status, about their future. Anxiety related to their family’s health and safety in their home country (family member get ill or are in danger),
2. family conflicts, domestic violence, transition from adolescence to adulthood.
3. Processing impact of past traumas in their home country, on their journey to the U.S. and trauma that has occurred in the U.S.
4. Grief over family members who have died in the past or since they have come to the U.S. (this week a young man became distraught during his English class as he got a WhatsApp message that his best friend had been murdered in Guatemala)

Besides challenges with their mental health, she related these young people have dangers to their physical well being because they are uninsured.

- Lack of Vaccinations
- Lack of dental care- many students have never had a single dental check up/cleaning/ cavity check
- Treatment for infections, viruses, accidents, etc. This often goes ignored and untreated and can lead to more serious problems. My colleague share the story of an immigrant in her school who could not support his weight and repeatedly fell. the family could not access insurance due to their status or pay for a doctor. My colleague intervened and got him an appointment at a clinic that serves the undocumented. The doctor immediately upon examination sent him to the ER. There a scan revealed a tumor pressing on his spine. The surgeon who removed it said had he not come in for treatment when he did, the boy could have been paralyzed.
- Substance Abuse treatment has become a highly needed service that families can’t afford - detox for addictions, especially opioids. Families need to know about Narcan; but don’t because they don’t have a medical home or don’t have the insurance to get it. She shared with me the story of working with a 16-year-old girl last year with an addiction to opioids; The teenager would be referred, evaluated, and released from the hospital. My colleague tried repeatedly to get her into a detox program, but couldn’t find one that took

uninsured. Addiction such as these require medication to manage withdrawal symptoms which the girl couldn't access because of no insurance.

My congregation of St Patrick St. Anthony is a large church that draws from many suburban zip codes. The last two weeks I have preached on taking care of "our" children to reduce gun violence in our cities by committing twenty million dollars over five years to folks on the ground who are working with the victims, working with young people to steer them onto a better path. Last week, I preached about the economic inequality in our state's school funding system and how it affects "our children." And why taking care of them entails passing HB 5003. This Sunday I preached again about taking care of the health of "our children" asking our people to share their concerns and support for this bill.

In conclusion, I leave you with the words from two of our more prominent politicians from this century, when it comes to the health and wellbeing of all our children "It takes a village" because in Connecticut we "Leave no child behind".

Enlarging Husky eligibility to all our economically challenged youth and young adults will help work toward that important goal.